



# Yes, I want to support Rho Chapter!

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Work

E-mail: \_\_\_\_\_

Gift Level	One-Time Gift	Paid Quarterly	Paid Monthly
<input type="checkbox"/> Gladfelter Circle with Distinction	\$5,000	\$1,250	\$417
<input type="checkbox"/> Gladfelter Circle	\$2,000	\$500	\$166
<input type="checkbox"/> Chairman's Circle	\$1,000	\$250	\$83
<input type="checkbox"/> Scarlet Circle	\$500	\$125	\$42
<input type="checkbox"/> Blue Circle	\$250	\$63	\$21
<input type="checkbox"/> Loyalty Circle	\$100	\$25	\$8
<input type="checkbox"/> Men of 1824 (based on age)	\$25 & up	\$7 & up	\$2 & up
<input type="checkbox"/> Other Amount:			

I want my gift to support the:

***Rho Chapter***

***Fund*** at the Chi Phi

Educational Trust. This is a 501(c)(3) organization, and all gifts are tax deductible.

I wish to pay my gift over the next twelve months as follows:	I wish to make my first payment:	I would like to designate my gift as follows:
<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Now <input type="checkbox"/> On: _____	<input type="checkbox"/> In Memory of: <input type="checkbox"/> In Honor of:
I wish to pay by:		Other Information:
<input type="checkbox"/> Check - made payable to "Chi Phi Educational Trust"		<input type="checkbox"/> <b>Corporate Matching:</b> My company will match my contribution. Enclosed is the matching gift form from my Human Resources Office.  <input type="checkbox"/> <b>Planned Giving:</b> Please send me additional information about making Chi Phi or Rho Chapter the beneficiary of my estate or will.  <input type="checkbox"/> <b>Future Support:</b> Count on my support and sign me up for the same gift amount and same terms for the next ____ years
<input type="checkbox"/> Debit my bank account on the ____ day of the month on a recurring basis based on the schedule I indicated above.		
Name on Account:		
Routing Number:		
Account Number:		
<input type="checkbox"/> Charge my credit card on the ____ day of the month on a recurring basis based on the schedule I indicated above.		
Card Number:		
Name on Card:		
Exp. Date:                      Billing Zip Code:		
<input type="checkbox"/> Stock - send me stock transfer instructions		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to:

Rho Chapter Fund, Chi Phi Gift Processing Office, PO Box 2187, Columbus, GA 31902

Or fax to: (706) 571-0043